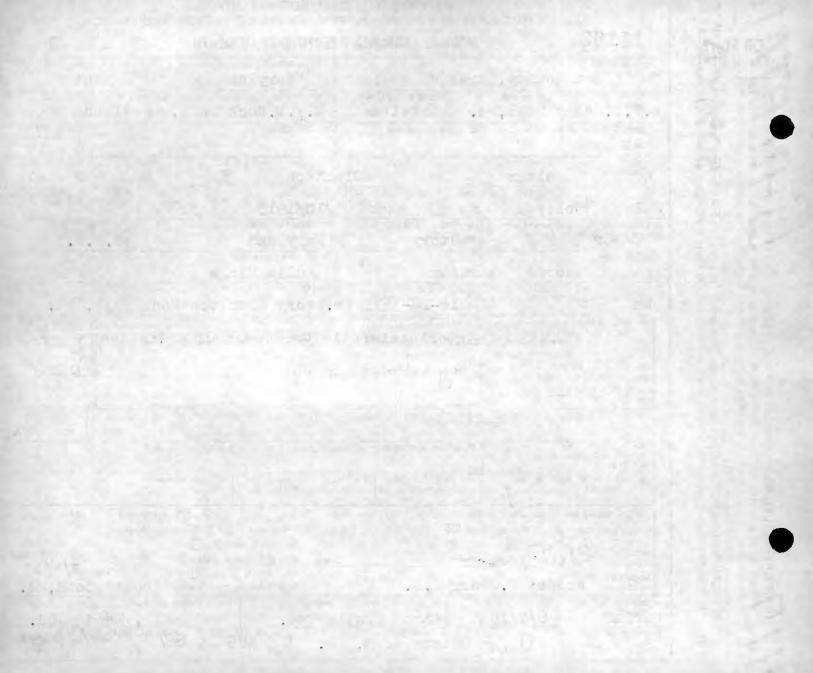
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11102 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 11103 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Kent County, Maryland G. STATWaryland Page b. COUNTY Kent af b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R Tire BURAL OTR SIVE REGIET HOW! 1 Md. Lifetime R.F.D.Rock Hall, Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Give Pages 1, hours form At Home YES NO F This certificate should be executed within 24 haurs after death. 3 NAME OF Middle 4 DATE Month Doy Year DECEASED OF DEATH Walter Clarkson 8 167 (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED (In years in Item 18. pirthdoy) Months Davs Male Colored 10/1915 DIVORCED WIDOWED Office event and 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during roost of working life, even if retired) COUNTRY? Maryland pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Clarkson Julia Blake and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no or unknown) (If yes give wor or dates of service removal 216-10-3911 Mr. Leory Clarkson Rock Hall, Md. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Arteriosclerotic Cardiovascular disease 10 IMMEDIATE CAUSE (o) icate, writing the ward be farwarded to the Ch crematian, DUE TO Conditions, if ony, which gove rise to immediate cause (a). **DUE TO** 0 stating the underlying couse burial, last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? certificate, NO X agent, prior to YES 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY I or CONTRIBUTING I should CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour om Not While foctory, street, office bldg., etc.) its designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection [24] FUNERAL DIRECTOR: Inquiry (ond in my opinion the funeral director. Notural couses X. Accident deoth resulted from: Suicide Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** Robert Farr M.D. may Address (Street, city, town, or county) Chestertown. Md. NAME (Type) BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Stote) 0 Bull (Specify) 1967 Aaron Chaple Cem. Rock Hall. Kent Md. ADDRESS 24. FUNERAL DIRECTOR 250. RECID BY REGISTRAR AUG 8 Chestertown, Md. VR ATSME (5)

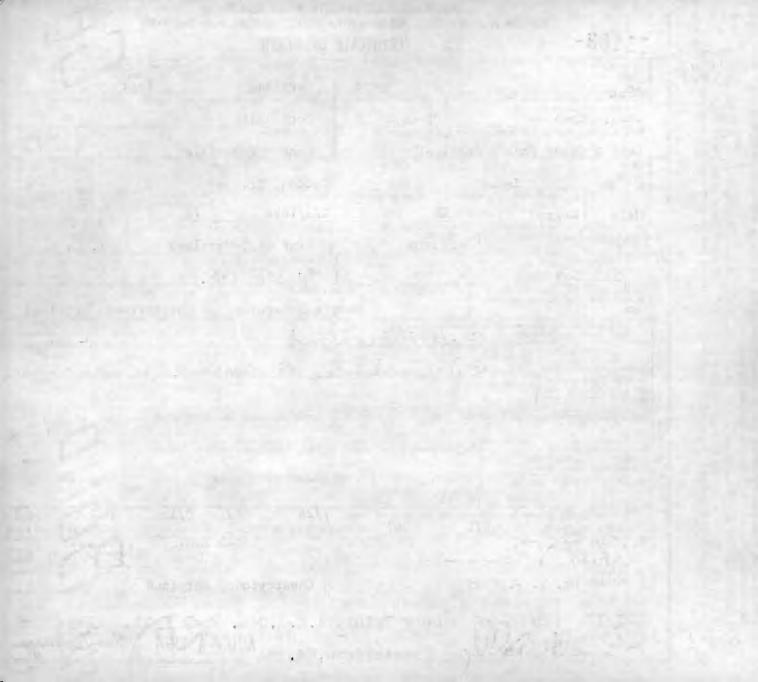
MARYLAND STATE DEPARTMENT OF HEALTH



ADDRESS

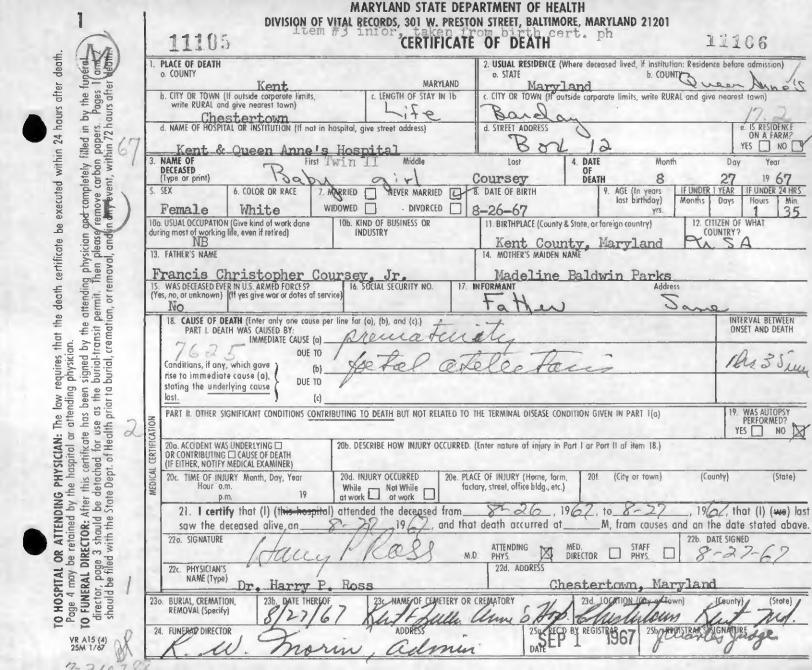
Chestertown . Md

24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11105 RTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. r filled in by the funeral no popers. Pages 1 ond 2 within 72 hours after death ond 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) . PLACE OF DEATH o. COUNTY b. COUNTY Kent Maryland MARYLAND and man c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Chestertown e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Kent & Queen Anne's Hospital YES NO C Middle Boy and completely fi 3. NAME OF DECEASED Last 4. DATE Month Doy Year Twin I OF 1967 8 Coursey (Type or print) DEATH YEAR IF UNDER IF UNDER 24 HRS S. SFX 6. COLOR OR RACE DATE OF BIRTH AGE (In years опу ву last birthday) Manths Days 8-26-67 White WIDOWED DIVORCED Male 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physicion o during most of warking life, even if retired) INDUSTRY gud Kent County, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremotion, or removal, Madeline Baldwin Parks Francis Christopher Coursey. Jr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service James No INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
 PART 1. DEATH WAS CAUSED BY: signed by the burial-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retained by the hospital or attending physician. DUE TO Canditions, if ony, which gave (b) rise ta immediate cause (a). DUE TO stating the underlying cause certificate has been be detoched for use as the State Dept. af Health prior to lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year TO FUNERAL DIRECTOR: After this Nat While Haur a.m. factory, street, affice bldg., etc.) at work 27. 19.67 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 8-26 . 19.67, to 1962 and that death accurred at 1304M, fram causes and an the date stated above. saw the deceased alive on, 22b. DATE SIGNED 22n. SIGNATURE **ATTENDING** DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Chestertown, Maryland Harry P. 23o. BURIAL CREMATION. NAME OF CEMETERY OR CREMATOR REMOVAL (Specify) 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

1 40-5 Lotte at the second to the state of the s e sol we start THE THE PROPERTY AND A PARTY.



STATE OF THE STATE In princil ATAM MINING MANAGEMENT and obtain a long or the state of the state of with the Carl Carl Land and Street Silver Salar Street Street

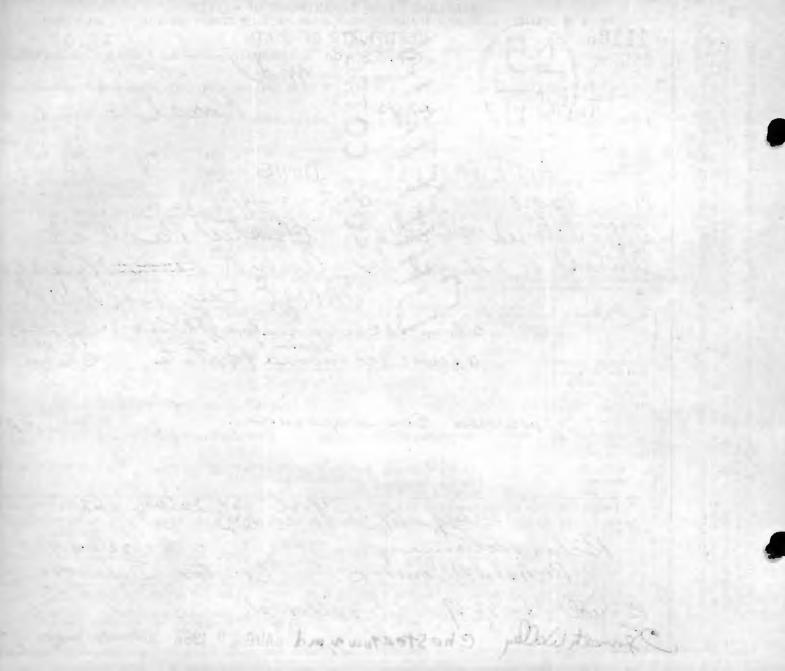
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 land should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

-	TILUO		E OF DEATH				
1.	a. COUNTY / KENT	GOIDS, MO	2. USUAL RESIDENCE a. STATE	CE (Where deceased lived, If b. CC	HINTY TO	ce before admission) ENT	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits,	write RURAL and	give nearest town)	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spital, give street address)	d. STREET ADDRESS	Imal	- GOI	e. IS RESIDENCE ON A FARM?	
1						YES NO A	
/3.	NAME OF DECEASED (Type or print) Arthur	Middle	Davis	4. DATE MO OF DEATH	Da Z	0 1967	
5.	SEX 6. COLOR OR RACE 7. MARRIED WIDOWED T	NEVER MARRIED	3 - 13 -/	9. AGE (In year last birthda	rs IF UNDER 1 YEA y) Months Days	R IF UNDER 24 HRS. Hours Min.	
10: du	a. USUAL OCCUPATION (Give kind of work done 10b. KIN	OUSTRY GRAVE	11. BIRTHPLACE (C	ounty & State, or foreign cour	12. CITIZEI		
	arthur n. Dar	is Sr	14. MOTHER'S MAID	R Day	TAT /K	Toese	
(Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? es, mo, or unknown) (If yes give war or dates of service)	OCIAL SECURITY NO. 17,	INFORMANT C	Bess H	ress Life No	de St	
	18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY:	e for (a), (b), and (c).]	mornale	or aldone	INT	TERVAL BETWEEN	
	IMMEDIATE CAUSE (a) DUE TO	2	Shine to	Defris	7	8 mo	
	cause (a), stating the DUE TO	mo cua	und f	70000	5.	4 905	
8	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	DISEASE CONDITION GIVEN	IN PART 1(a) 19		
ICAT	marked	Emple	sama		1	PERFORMED?	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part I	of Item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN. Hour a.m. p.m. 19 at work	JURY OCCURRED 20e. PLAGE 20	CE OF INJURY (Home, fa ry, street, office bldg., e	erm, 20f. (City or town)	(County)	(State)	
Г	21. I certify that (I) (this hospital) attended saw the deceased alive pn.			96 % to 20 aus	/ /	that (I) (we) last	
	222. SIGNATURE:	Mary M.D	ATTENDING	MED. STAFF DIRECTOR PHYS.	22b. DAJE S		
	22c. PHYSICIAN'S Richard W	Comezys	22d. ADDRESS	ayton :	Delace	are	
23	Burial 8-26-67	23c. NAME OF CEMETERY	llows	Smyrn	a	(State)	
24	FUNERAL DIRECTOR Ch	e Stertown	umd DAAUG	25b. 2 9 1967	Clarley	MATURE	

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Oueen Anne's ent County Maryl and MARYLAND b. CITY OR TOWN (if outside corporate limits, write RUBAL and give nearest town) R. F. D. WOYTON, I C. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Year Chestertown, Maryland = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE completely filled d. STREET ADDRESS ON A FARM? Rauls Nursing Home YES NO 3. NAME OF First Middle DATE Last 4. Month Day Year DECEASED 196 event, Dorothy 8 Hemslev (Type or print) DEATH 6. COLOR OR RACE | 7. MARRIED SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) | Months | Days remov Hours 6/22/1920 any and Pemale Colored WIDOWED [DIVORCED [.= 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician and please reval, and in 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be Various COUNTRY Queen Anne's Co. Md. Labor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending pharial-transit permit. Then urial, cremation, or removal James Edward Pemselv Emma Elliott Address R. H. D. A.1 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Mr. Clarence Femsley Chestertown. N.d. 9-07-659 No 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: dissecting an aneurism the hospital or attending plysician. IMMEDIATE CAUSE (a) ttending.

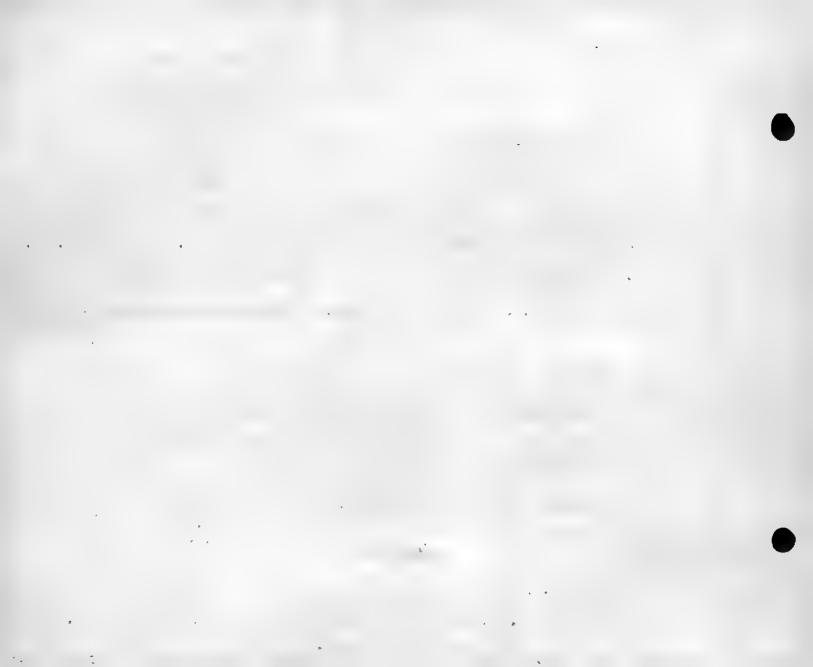
has been significant the burial, c DUE TO artusovaleronis Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? NO DO 20a. ACCIDENT WAS UNDERLYING T DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) hed f OR CONTRIBUTING CAUSE OF DEATH
(IF FITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work OR ATTENDING 19 at work p.m. -1966 to 12 - 5- 1967 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: Jage 3 should lied with the and that death occurred at 1300M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a, SIGNATURE ATTENDING HYS. page : MED. STAFF TO HOSPITAL O DIRECTOR FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p should be f NAME (Type) litis Rock NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. LOCATION (City, town or county) (State) 2 REMOVAL (Specify) 967 9 Cemetery Fleasant R · F ington FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 25b. DATE AUG Chestertown, Md. VR A15 (4) 20 M





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH the attending physician and comparely filled in by the tuneral rist permit. Then please remark carbon appears. Press 1 and 2 not 2 hours after death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH o COUNTY Kent o STATE Maryland b county Dorchester MARYLAND b (iTY OR TOWN (If autside carparate maits, write RURAL and a ve nearest tawn) Chester tovin c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) days Cambridge e (S RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Kent + Queen Annes NO [YES NAME OF Middle 4 DATE Month Errst Last Yeor (Type or print) of Deangust 19 67 James Hyland Jones 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE DATE OF BIRTH 7 MARRIED TE NEVER MARRIED lost birthday) Manths Days Haurs July 11, 1893 Male DIVORCED White WIDOWED 10a USJAL OCCUPATION (G.ve kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) Municipal COUNTRY? U.S.A. Dorchester Co. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Laura Frances Jones Washington NMN Jones 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, na, ar unknawn) ((If yes give war ar dotes of service) Hospital Records, Chestertown, Md 212186294 First W.W. Yes cremation. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Bronchogenic carcinoma with metastases IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by 1621 DUF TO burial Conditions, if any, which gave nse to immediate cause (a), DUE TO stating the underlying couse be detached for use as the State Dept. af Health priar ta last. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART !(a) NO -20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d INTURY OCCURRED factory, street, affice bldg. etc.) Not While at wark ot wark shauld be 19_67 that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased from \$2-9 1967 ta 8-17 and that death accurred at 2:45 M. Hem causes and an the date stated above. saw the deceased alive an sala 22b. DATE SIGNED 22a SIGNATURE STAFF 包 8-17-67 DIRECTOR PHYS. directar, page Shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Chestertown, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Tawn) (State) (County) REMOVAL (Specify)
Burial Dorchester Memorial Park, Cambridge, Md. 9 2Sa Charles VR A15 (4) Cambridge, Md. DATE 20 M T/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11111 CERTIFICATE OF DEATH within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Kent B. COUNTY Maryland ician and campletely filled in by the fur lease remove carbon papers. Pages 1 and in any event, within 72 haurs after MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)

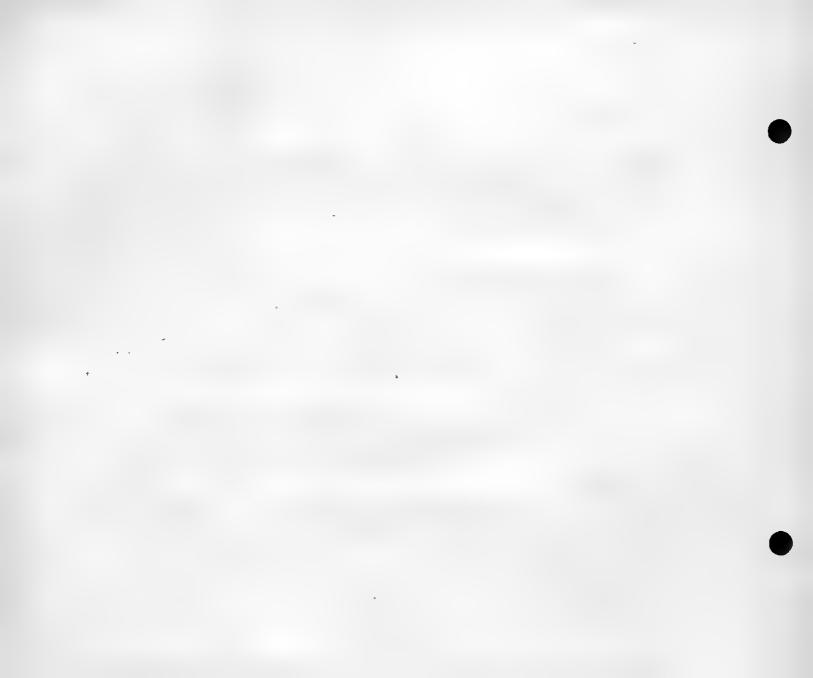
Chestertown C LENGTH OF STAY IN 1b CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) 14 hours Chestertown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Kent & Queen Anne's Hospital Rt. #1, Box 31 YES NO [3. NAME OF Middle. 4 DATE campletely 1 Doy Month Year DECEASED (Type or pant) Michael Forney Lively DEATH 19 67 executed S. SEX NEVER MARRIED 6. COLOR OR RACE 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED AGE (In years last birthday) Months 16 4 Hours 3/14/66 WIDOWED DIVORCED Male Negro 10a USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT requires that the death certificate be physician a INDUSTRY COUNTRY? Kent Co., Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar removal, signed by the attending phy burial-transit permit. Then James William Lively Katherine Elizabeth Harris 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Hospital Records Chestertown, Maryland None CAUSE OF DEATH (Enter only one cause per une for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DIJF TO ASTROENTERITIS Conditions, if any, which gave rise ta immediate cause (a), DUF TO stating the underlying couse **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? NO 200 ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INSURY (Home, form, (City or town) (County) (State) Hour to m. factory, street, affice bldg., etc.) Nat While at wark at work 21. I certify that (I) (this haspital) attended the deceased from 8/3 8/4 19 67, that (1) (we) last 1967 be retained saw the deceased alive an 1967 and that death accurred at M, fram causes and an the date stated above. 10:15 A.M. 220 SIGNATURE 22b. DATE SIGNED. MED M.D. DIRECTOR PHYS 22c. PHYSICIAN S NAME (Type) Dr. Jorge Oteiza Chestertown, Maryland 230. BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) oshua Chaple Mat. B ADDRESS 25a REC'D BY REGISTRAR VR A15 (4) 25M 1/67 AUG



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11112 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, finishtution Residence before admission). b county Columbia a COUNTY o. STATE Penna Kent MARY AND C LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) b CTY OR TOWN (If outs'de corporate I mits, write RURAL and give nearest town) **Bloomsburg** Rural Chestertown d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street oddress) d STREET ADDRESS e IS RES DENCE ON A FARM? Eighth St. RFD Tolchester YES NO 182 3 NAME OF Lost 4 DATE Mosth DECEASED DeForrest Manning 28, Aug. (Type or print) DEATH S SEX 6 COLOR OR RACE 7 MARRIEDXX IF UNDER 24 HRS NEVER MARRIED AGE (n years B DATE OF BIRTH last b rthdoy) male white Oct. 9, 1900 within 72 hours after death WIDOWED DIVORCED 100 USUAL OCCUPAT ON (Give kind of work done during most of working life even if retired)
Professional Bartender 10b KIND OF BUSINESS OR 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT JND_STRY COUNTRY? Penna. USA in pencil i 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Manning Esther Winters Φ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address Bloomsburg, 17 INFORMANT (Yes, no, or unknown) If If yes give war or dates of service 164 24 2107 Mrs. DeForrest Manning no Penna NIERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per ne for (o), (b), ond (c).) PART DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease HAN BURILLING Manner of death resembled acute coronary certificate, writing the word ould be forwarded to the Ch attack. any Became very short of breath, and was dead when DUE TO Rescue Squad arrived . Had bottle of nitro-gly-Conditions, if any which gove a rise to immediate couse (a), = stoting the underlying couse cemin tabs beside him. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 WAS AUTOPSY PERFORMED? NO X YES [20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) 3 should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d IN.J.RY OCCURRED 20e PLACE OF INJURY (Home form 20f (City or town) (State) Hour om factory, street, office blda etc.) of work DIRECTOR: Page 21. I certify that I took charge of the remains described above, held on Autopsy [7], inspection [X], Inquiry . ond in my op n on Notural causes X. Accident . Suic de . Homicide . deoth resulted from Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Robert W. Farr Chestertown, Md. Kent County DEPUTY MEDICAL EXAM NER 8/28/67 NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON ICity of Town) 230 BUR AL CREMATION 8/31/67 New Rosemont Cem. - Espy - Columbia Co. Pa. Chestertown, Md. VR A15ME (5) 6M 1767



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o COUNTY Kent b COUNTY Maryland Kent MARYLAND c C TY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b C.TY OR TOWN (If outside corporate mits, C. ENGTH OF STAY IN 1b. write RURAL and give nearest town)
Chestertown Chestertown vears d NAME OF HOSPITAL OR ASTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARMS 209 Water St. 209 Water St. in Item 18 Give Pages NOXXX haurs after death alang with NAME OF M ddle DATE LOST Year DECEASED Blackmore Maxwe 1967 Grace Aug. (Type or print) DEATH 6. COLOR OR RACE 7 MARRIED NEVER MARR ED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR FUNDER 24 HRS lost birthdov) Months 12/18/1885 female white WIDOWED XX DIVORCED 11. BIRTHPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT 9 Housewife even fret red) TGOSHARY ? haurs after New York State pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate shauld be executed within George Blackmore Mary Reynolds within 72 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOR, AL SECUR TY NO 17 INFORMANT (Yes, no, or unknown) (f yes give war ar dates of service) Mrs. M. Hawkins - Chestertown, Md. 218 20 4367 IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease ONSET AND DEATH in any event Was found Alying face down in a bathtub writing the ward the of water. She may well have drowned also. Conditions of any, which gove rise to immediate couse (a). DUE TO stating the underlying cause and SD PART II OTHER SIGN FCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY removal, CERTIFICATION PERFORMED? See ficote, NO. 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW N.JRY OCCURRED (Enter nature of nury in Port 1 or Part II of Item 1B.) 3 shauld PRIMARY Tor CONTRIBUTING cremat, an ar Burn CAUSE OF DEATH B 20c TIME RINGEY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form, (City or town) (County) (State) WED. foctory, street, affice bldg., etc.) While of work I of work FUNERAL DIRECTOR: Page please execute 21. I certify that I laak charge of the remains described above, held an Autopsy [...], Inspection X. Inquiry and in my apinian Natural causes death resulted from. Suicide Accident [] Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASS STANT MED CAL EXAMINER funeral (Chestertown Robert W. Farr DEPUTY MED CAL EXAM NER EXAMINER'S 8/17/67 Health | NAME (Type) Kent Co. Md. Address (Street, city, town or county) 230 BURIAL CREMATION 23b. DATE THEREOF 23d LOCATION (City or Town) ((ounty) (Stote) 0 8/19/67 St. Paul Cemetery near Chestertown, Md. ADDRESS 24 (FUNERAL DIRECTOR 75a REC D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE VR A15ME (5) Chestertown, Md. 1 100 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11114 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH b. COUNTY Kent n. COUNTY Kent Marvland MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) b. CITY OR TOWN (If autside camarate limits. write RURAL and give negrest town) Chestertown 46 Years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? and in any event, within 72 209 Water St. 209 Water St. NO EX NAME OF Middle 4. DATE First Month Year DECEASED 1967 Nora C. Maxwell 19 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE DATE OF BIRTH 1868 (In years 7 MARRIED NEVER MARRIED lost birthdoy) Months Hours white fema1e Sept. WIDOWED DIVORCED gud 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife 12 CITIZEN OF WHAT 10h KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) USA" physician (nen please INDUSTRY Peru Ind. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, ar removal, Margaret Cockley George attending p WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) 220 44 Mrs. Grace Maxwell Chesteftown, Md no INTERVAL BETWEEN 16 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c) }.
PART DEATH WAS CAUSED BY. signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) be retained by the haspital or attending physician. DUE TO Conditions, if any, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse this certificate has been 19 WAS AUTOPS PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) State Dept. of Health NO W OR ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of Item 18) 20o ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctory, street, office bldg., etc.) Not While at work of work 21. 1 certify that (1) (this haspital) attended the deceased fram 1 - 3 1960, to 8 -1967, that (I) (we) last saw the deceased alive an_ 8-1967 and that death accurred at 6 A M from causes and an the date stated above TO FUNERAL DIRECTOR: 22b. DATE SIGNED 22o. SIGNATURE 2 & Sich MD 8/9/67 director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S TO HOSPITAL NAME (Type) A. C. Dick Chestertown, Md. 23d, LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o BURIAL CREMATION (County) (Stote) Busial (Specify) St. Paul Cem near Chestertown, Md. 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS Chestertown, Md. Milanelas



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH uneral and 2 death, 24 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. CDUNTY Kent Kent County, Laryl Jarvl and MARYLAND b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Lifetime Chestertown. Maryland Chestertown Lary and Little of the d. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street address) papers. in 72 h e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO At Home Cannon Street within The law requires that the death certificate be executed within completely NAME DE First Middle Day Last DATE Month Year DECEASED Charles 8 1967 ent, Morri s (Type or print) DEATH 5. SEX 6. CDLDR OR RACE AGE (In years | IF UNDER 1 YEAR | F UNDER 24 HRS DATE OF BIRTH 7. MARRIED NEVER MARRIED remove last birthday) | Months | Davs Hours and Colored Male 1908 WIDOWED | DIVDRCED [Ξ 1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even If retired) INDUSTRY Kent County, Maryland Labor arious 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Spencer Morris 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT been signed by the attenthe burial-transit permit. (Yes, no, or unkown) ((If yes give war or dates of service) Mrs.Mamie Stewart Chestertown . Md . CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY: Hypertensive and IMMEDIATE CAUSE (a) arteriosclerotio by the hospital or attending physician. cardiovascular disease vears DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the prior ! underlying cause last. 98 CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use ||ealth| PERFORMED? NO YES ! 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached fi te Dept, of I WEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 65 to 21. I certify that (I) (this hospital) attended the deceased from Nov. should ith the 19 that (!) (we) last DIRECTOR: age 3 should lied with the and that death occurred at 3 Am. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE page MED. DIRECTOR O HOSPITAL director, po FUNERAL PHYSICIAN'S **ADDRESS** NAME (Type) Chestertown. Lary and NAME OF CEMETERY OR CREMATORY 23d. LDCATIDN (City, town or county) BURIAL, CREMATION, (State) Burial (Specify) 967 Janes Methodist Cem. R.F.D. Chestertown FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR Chestertown, Md. VR A15 (4) DATE 20 M



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	11115 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	1. PLACE OF DEATH 0. COUNTY Kent 2 USUAL RESIDENCE (Where deceosed lived, functivation Residence pages ago asson) 0. STATE Maryland MARYLAND
n PM3. Page	b (ITY OR TOWN (If outside corporate limits, we to RIRAL and give parest town) Chestortown Clength Of STAY IN 16 CCTY OR TOWN (If outside corporate limits, we to RIRAL and give parest town) Wy Files Rural (It outside corporate limits, we to RIRAL and give parest town)
th If only of the Deport	d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) Kont and Queen Anno Hospital d STREET ADDRESS WHE LANCING LIANE e 15 RESIDENCE ON A FARM? YES NO
FNER: This cert ficate should be executed within 24 hours ofter death 16 should be forwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a burial-transit permit. File pages I and 2 with the State Defian, or removal, and in any event within 72 hours after death.	3. NAME OF DECEASED (Type or print) S. SEY A COLOR OF PACE 1.7 MARRIED TO MICHIE NORTH TO BEATH AUGUST 28 19 67
hin 24 hours offer dear nctl in Item 18. Give Po niner's Office along with pages lond 2 with the star death.	Male white widowed Divorced 7/30/47 lost birthdoy) Months Doys Hours Min
within 24 hours of pencil in Item 18 kaminer's Office a le poges I ond 2 withours after deoth.	100 US_AL OCCUPATION (G ve kind of work done during most of working fe, even if retired) 100 KIND OF BUSINESS OR II BIRTHPLACE (State or foreign country) INSUIC, BEILCE, KENTUCKY 110 KIND OF BUSINESS OR II BIRTHPLACE (State or foreign country) LABORER 111 BIRTHPLACE (State or foreign country) LABORER 112. CITIZEN OF WHAT COUNTRY COUNT
y within n pencil Examine File poga	Elmer North Kathryn Wilsoh
be executed within "pending" in pencil nief Medicol Examine onsit permit. File poge ent within 72 hours o	15 WAS DECEASED EVER IN J. S. ARMED FORCES? (Yes, no brunknown) (fyes give wor or dotes of serv ce) 219-46-8581 Elmer North, Rural Queen Anne Md.
rd 'pe exical for the control of the	18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), ond (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Practured skull and multiple severe IMMEDIATE CAUSE (o)
e should be e the word "per to the Chief I burial-transit in ony event v	Conditions, fory, which gove (b) duo to auto accident.
ficate ting th rded to as o b ond in	stoting the underlying couse Sudlersville, Md. & crashed into pile of rocks. Was
This cert ficate should cate, writing the word be forwarded to the Cl be used as a burial-tremovol, and in any every	PART I. OTHER SIGN F CANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN N PART I(o) 19 WAS AUTOPSY PERFORMED? YES \(\text{NOTE} \) NO \(\text{NOTE} \)
MINER: This the certificate, a should be four files.	driver of car. A YES NO NO
≅ = ₹ ₹ ABou	20c TIME OF INLURY Month, Doy Yeor 20d INLURY OCCURRED 20e PLACE OF INJURY (Home, form foctory, street office b dg, etc) 30 pm 8/27 167 of work of
MEDICAL EXA please execute director. Page retained for you birectors: Pooger to burnol, treetors to burnol, burnol	21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection X, Inquiry, and in my apinion death resulted from. Natural causes, Accident X_, Suicide, Hamicide, Undetermined manner
ITY MEDICA IV, please eyeral director. be retained RAL DIRECTO prior to burn	ACTUAL SIGNATURE OF ASS STANT MEDICAL EXAMINER () ASS STANT MEDICAL EXAMINER () ASS STANT MEDICAL EXAMINER ()
EPUT SSany funer funer oy be NER/	EXAMINER'S NAME (Type) Robert W. Farr M. D. Address (Street, cty town, or county)
TO DI nece the 5 mc	230 B_RIAL_FREMATION, 230 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 234 LOCATION (C by or Town) (Stote) REMOVED (Stote) ALL FORK BEICOR ADDRESS ADD
VR A15ME (5) 6M 1/67	Ja Fune H. Bertong - Berton Bres Centrandle, Md. 21617 AUG 31 1967 yelianlas Judges





\	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
*	CERTIFICATE OF DEATH							
death.	PLACE OF DEATH O. COUNTY Kent O. STATE Maryland D. COUNTY Kent O. STATE Maryland D. COUNTY Kent	L COUNTY						
1 1 2 2	Maryland Maryland Kent							
S og o rs	write RURAL and give nearest town)							
by by	Chestertown 16 yrs. Chestertown d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e 15 RESIDENCE	_						
filled rr filled rr filled rr filled rr	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS	ल						
thin y fill y at his within y at his p	3 NAME OF First Middle Last 4 DATE Month Day Year	<u> </u>						
f will proportion	OF Aug. 31, 1967 (Type or pnnt) Walter Virgil Turner							
ord completely filled in by the fur remove corban papers. Pages I in any event, within 72 hours after	S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 5 18 DATE OF BIRTH 9. AGE (n years if UNDER 1 YEAR T UNDER 24 HR	_						
X E E	The distribution (Give and of work done 10b. kind of Bilsiness or 1) RIRTHPLACE (County & State or foreign country) 12 (ITIZEN OF WHAT							
on or not	during most of working life, even if retired) Caretaker - Cemetery INDUSTRY Q. A. Co. Md. USA							
icath /sice plec	13. FATHER'S NAME	-						
phy phy lova	Walter Turner Mary E. Fearins							
ith co	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address	_						
e deoth certificate b ottending physicion permit. Then please on, or removal, andi	(Yes, na, ar unknown) (If yes give war ar dales of service) 214 34 8248 Mrs. Ruth Turner Chestertown, Md.							
the the matri	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH							
s the cian d by the tro	The Due to							
luire hysi gne ur.o urio	rese to immed at a cause (a)	_						
v required to be to be	stating the underlying cause (c) Arterosaler use							
endi s be s be trior	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY							
The off hor hor the pith p	Ventrale promotion - Distritos Mar Mar YES NO C	N N						
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial translated by the state Dept. of Health prior to burial, creating the prior of	PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year Haur a m PERFORMED? YES NO CONTRIBUTION 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 11 af item 18) 20c TIME OF INJURY Manth, Day, Year Haur a m While Nat While factory, street, affice bidg, etc.) PERFORMED? YES NO CONTRIBUTION 18) YES NO CONTRIBUTION 18) (County) (State)	5						
OR ATTENDING PHYSICIAN De refained by the hospitol of INECTOR: After this certifical a 3 should be detached for edwith the State Dept. of Heeling of the State Dept. of Heeling of State Dept.	20c TIME OF INJURY Manth, Day, Year Hour a m pm 19 20d INJURY OCCURRED 20e PLACE OF IN, URY (Home, farm, factory, street, affice bidg, etc.) 19 19 20t (City ar town) (County) (State)	_						
ADING d by t After d be c	21. I certify that (I) (this hospital) attended the deceased from 1/20, 1965, to 8/31, 1967 that (I) (we) I	- t						
END ned R: A puld l	saw the deceased glive an 8/31 1967, and that death accurred at 3 P M, fram causes and an the date stated aba							
ATA September 1995	220. SIGNATURE 22b DATE SIGNED ATTENDING MED STAFF 22b DATE SIGNED							
OR De T Bed w	M.D PHYS DIRECTOR LI PHYS LI 9/1/6/							
TO HOSPITAL OR ATTEN Poge 4 moy be retained TO FUNERAL DIRECTOR: director, page 3 should	22c. PHYSICIAN'S NAME (Type) Thomas J. Solon 22d. ADDRESS Chestertown, Maryland							
OSP CINE 4	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	==						
O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Barial 5/3/67 Chester Cemetery Chestertown, Md.							
VR A15 (A) 25M 1/67	24 FUNERAL DIRECTOR ADDRESS Chestertown, Md. DATE SEP 5 19676 REGISTRAR SIGNATURE LANGE							
NY .		=						



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Toneral director, page 3 should be detached for use as the burial-transit permit. Then please remove more papers. Pages Land 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF TRACE.

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CEDTIFICATE OF DEATH

11119 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION 1118 CERTIFICATE OF DEATH

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)								
a. COUNTY Kent County, Maryland MARYLANO				a. STATE Maryland b. COUNTY. Kent								
b. CITY OR TOWN (if outside corporate limits. C. LENCTH OF STAY IN 1b				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
R.F	R.F.D. Worton, Maryland Lifetime				R.F.D.Worton, Maryland							
	d. NAME OF HO	SPITAL OR INSTITUTI	ON (if not in h	ospital, give street i	eddress)	d. STREET ADDRESS	,		12.00		RESIDENCE	
	At Home)				ON A FARM?						
	NAME OF DECEASED	F	Irst	Middle		Last	4. DATE	Monta	n	Day 20	Year	
((Type or print)		ma	Eliza			DEAT	H			1967	
5. 3	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 8	B/28/1873	9.	. AGE (In years z last birthday)	Months		DUTS Min.	
-	emale	Colored	WIDOWEO	OIVORCE	· [] 0:	0/50/10/2	9	yrs.	mulius	Days III	ours with.	
10a. durir	USUAL OCCUPAT	TION (Give kind of work ling jife, even if retire	done 10b. K	IND OF BUSINESS OF	R	11. BIRTHPLACE (C	eunty & State	e, or foreign country	12. CI	TIZEN OF	NHAT	
	House	wife				Kent County, Maryland U.S.A.						
13.	FATHER'S NAM		_			14. MOTHER'S MAID	DEN NAME					
		Charles H	lynson			Laura	Chamb	ers				
		EVER IN U.S. ARMED F		SOCIAL SECURITY NO	0. 17.	INFORMANT		Addre	ss R	F.D.		
N	O	(11)es give war or nates	or service)	445	Mrs	s.Lillian	Ring	W Scon	orto			
		DEATH [Enter only or	ne cause per l	ine for (a), (b), and (c).]				ur lieu	INTERVA	L BETWEEN	
	DART L OFATH WAS CAUGED BY A								Seve	and DEATH		
	THINICE CAUSE (a)							years				
	Canditions If any which)								7000			
	gave rise to	immediate ((b)									
	cause (a), stating the DUE TO underlying cause last, (c)											
			(c)ONS CONTRIBI	JTING TO OFATH BUT	NOTRELAT	TEO TO THE TERMINAL O	DISEASE CON	NOITION GIVEN IN	PART 1(a)	119. W	AS AUTOPSY	
PATE I			-						(.,		RFORMEO?	
<u>=</u>	YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)											
CER	COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
MEDICAL		INJURY Month, Day,	Year 20d. I	NJURY OCCURRED	20e. PLAC	E OF INJURY (Home, fa	rm, 20f.	(City or town)	(Cou	nty)	(State)	
	Hour a.m. While Not While factory, street, officebldg., etc.) p.m. 19 at work at work											
-	21. I certify that (I) (this hospital) attended the deceased from 8/7, to 8/20, 19 67, that (I) (we) last											
	saw the deceased alive on 8/20 19 67, and that death occurred at 300 M, from the causes and on the date stated above.											
-	22a. SIGNAPORE 22b. OATE SIGNED											
	M.D. ATTENOING MED. STAFF 8/23/67								1			
-	22c. PHYSICIAN'S 22d. AOORESS											
	NAME (T	Robert	W R	arr , M. D.		Chester	ctown	Maryl	and_			
23a.	BURIAL, CREN	ATION, 23b. OATE	THEREOF	23c. NAME OF C	EMETERY	OR CREMATORY		OCATION (City, to	own or cou	inty)	(State)	
B	urial (Sp	ecliy) 8/24/	1967	Union Me	thod	dist Cem.	R.F	D. Wort	on Me	י דיייר ב	hand	
24.	24. FUNERAL OIRECTOR ADDRESS 25a. REG'S BY REGISTRAR'S SIGNATURE											
Zarneth Wally Chestertown, Md. OAAUG 24 1967 Mcliarley Judge							yes !					

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COLUMN TO F THE ACTUAL COLUMN And the state of t ALTONOMISCO STREET OF STATE AND A STATE OF STREET BATTON OF THE PARTY OF THE PARTY OF THE PARTY OF to be to the transfer of a country of the term of the term of ments and built an appropriate for our order to be been built hometica windows and the AND PRINT and the design of the state of